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PRE-APPEAL BRIEF REQUEST FOR REVIEW		Docket Number (Optional) 418268883US												
	Application Number 09/652,502-Conf. #3677	Filed August 31, 2000												
	First Named Inventor Wong et al.													
	Art Unit 2157	Examiner A. M. Gold												
<p>Applicant requests review of the final rejection in the above-identified application. No amendments are being filed with this request.</p> <p>This request is being filed with a notice of appeal.</p> <p>The review is requested for the reason(s) stated on the attached sheet(s). Note: No more than five (5) pages may be provided.</p> <p>I am the</p> <table><tr><td><input type="checkbox"/> applicant /inventor.</td><td rowspan="4"> Signature</td></tr><tr><td><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</td></tr><tr><td><input checked="" type="checkbox"/> attorney or agent of record. Registration number 33,273</td></tr><tr><td><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34.</td></tr></table> <table><tr><td>Maurice J. Piro</td></tr><tr><td>Typed or printed name</td></tr><tr><td>(206) 359-8000</td></tr><tr><td>Telephone number</td></tr><tr><td>June 28, 2006</td></tr><tr><td>Date</td></tr></table>				<input type="checkbox"/> applicant /inventor.	 Signature	<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	<input checked="" type="checkbox"/> attorney or agent of record. Registration number 33,273	<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34.	Maurice J. Piro	Typed or printed name	(206) 359-8000	Telephone number	June 28, 2006	Date
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<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>														
<p><input checked="" type="checkbox"/> *Total of 1 forms are submitted.</p>														